

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005899

**Entity Name:** MANNE FOUNDATION HOMELESS PREVENTION PROGRAM CORP.

**FILED**  
**Feb 10, 2024**  
**Secretary of State**  
**0406337224CC**

**Current Principal Place of Business:**

2705 HUNTER ROAD  
WESTON, FL 33331

**Current Mailing Address:**

2705 HUNTER ROAD  
WESTON, FL 33331

**FEI Number: 87-1174642**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBERT J. MANNE  
2705 HUNTER ROAD  
WESTON, FL 33331 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D	Title	D
Name	ROBERT J. MANNE	Name	GRACE N. MANNE
Address	2705 HUNTER ROAD	Address	2705 HUNTER ROAD
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

Title D  
 Name GREGORY MANNE  
 Address 3 HANOVER SQUARE, APT 22A  
 City-State-Zip: NEW YORK NY 10004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ROBERT MANNE

DIRECTOR

02/10/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date